[**www.horseshowing.com**](http://www.horseshowing.com/) **GOLD CREST SCHOOLING SHOW AND CLINIC**

**or Fax to 303 773 8635 January 20 and 21, 2024**

**or email to** [coshowentries@gmail.com](mailto:coshowentries@gmail.com) **Entries Close January 18, 2024**

**or mail to:**

**Carol O’Meara 8300 Fairmount Drive G-104 Denver, CO 80247**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Horse CHJA #** | **Horse Name:** | **Sex:** | **Foaling Date:** | **Color** | **Age:** | **Height:** | **Size:** | **Green Year:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Owner Name:** | **CHJA #:** | | **CHJA # is a required field!** | **DOB:** | **Owner Email Address:** | |  | |
| **Owner Address:** | | **City/State/Zip Code:** | | | | **Cell Phone** | **Home Phone:** | **Emergency Phone:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Rider #1 Name:** | **CHJA #:** | | **CHJA # is a required field!** | **DOB:** | **Rider #1 Email Address:** | |  | |
| **Rider #1 Address:** | | **City/State/Zip Code:** | | | | **Cell Phone** | **Home Phone:** | **Emergency Phone:** |
| **Rider #1 Classes by Number** | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Rider #2 Name:** | **CHJA #:** | | **CHJA # is a required field!** | **DOB:** | **Rider #2 Email Address:** | |  | |
| **Rider #2 Address:** | | **City/State/Zip Code:** | | | | **Cell Phone** | **Home Phone:** | **Emergency Phone:** |
| **Rider #2 Classes by Number** | | | | |  | | | |

I hereby indemnify and hold harmless, Gold Crest Sport Horses, its management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, illness, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.

If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I affixed my signature by my own hand.

# Call Jenny Alsberg

**for stalls!**

**303 875 6184**

**Rider #1 Signature** (Parent or guardian if minor) Print Parent/Guardian Name:

**Rider #2 Signature (Parent or guardian if minor**) Print Parent/Guardian Name:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trainer:** | | **CHJA #** | **Cell #** | | **Email Address:** | |
| **Address:** | **City/State/Zip** | | | **Trainer Signature** | | |
| **Taxpayer Name:** | **Address/City/State/Zip** | | | | | **SS# or TIN** |